

Restassured Residential Limited

Old Rectory (Bramshall)

Inspection report

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17 November 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Old Rectory (Bramshall) is a residential care home providing personal care to up to 30 people. The service provides support to younger and older adults with physical disabilities, sensory impairments and people living with dementia. At the time of our inspection there were 24 people using the service. The care home accommodates people in 1 adapted building.

People's experience of using this service and what we found

The provider had not identified and addressed all environmental risks to people. People's medicines were not always well managed. Staff were not always recruited safely, there were gaps in recruitment records and recruitment records were not effectively audited. The provider's quality assurance systems and processes were not always effective in identifying risks to people and in driving improvements in the service.

People's care and support needs had not always been fully assessed when their needs had changed and there were some inconsistencies and inaccuracies people's care folders. Staff were supported and received training, supervisions and team meetings, however, some training was not always effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice and improvements were needed in relation to the Mental Capacity Act.

People, relatives, and staff felt able to make suggestions and raise concerns with management, who were visible and accessible. There were enough staff on duty to support people safely. Infection prevention and control was well managed. Visitors were able to visit people living in the service without restrictions.

People were treated with dignity and respect and staff promoted people's independence. People, relatives and staff were consulted, and their views were considered and acted on where appropriate and possible. People's care plans were personalised and activities were arranged and took place in the home. People's communication needs had been considered as part of their care planning.

Lessons were learned following accidents and incidents. The registered manager understood their duty of candour and worked in partnership with other health and social care professionals.

There were enough staff to support people and the provider explained they were continuing with on-going recruitment of staff. Infection prevention and control was well managed. Visitors were able to visit people living in the service without restrictions and the provider learned lessons when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 November 2020 under a new provider and this is the first inspection.

The last rating for the service, under the previous provider (Tudor Care Limited) was requires improvement published on 16 January 2020.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, environmental risks, staffing levels etc. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken some action in response to risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Rectory (Bramshall) on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the building and the environment safety, medicines management, systems and processes and overall governance of the home at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our effective findings below.

Requires Improvement ●

Old Rectory (Bramshall)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors. An Expert by Experienced supported by speaking with people living in the care home.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Old Rectory (Bramshall) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Old Rectory (Bramshall) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 November 2023 and ended on 6 December 2023. We visited the care home on 14 and 17 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people living in the service and 3 relatives. We spoke with 9 members of staff including a director, the registered manager, the deputy manager, senior care staff and care staff. We looked at 4 people's care records and multiple medicine records. We looked at how medicines were stored, administered and recorded. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, audits and accident and incident records were also reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found. We held a virtual meeting with the manager to ask further questions.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection under the new provider. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- The provider did not always assess risks to ensure people were safe.
- Some radiators did not have covers in line with guidelines. This meant there was a risk of people burning themselves on hot surfaces.
- The laundry room did not have a lock on the door which meant people were able to access this area and people were at risk of burns from the laundering equipment in the room.
- Some storage cupboards and a sluice room were not locked which meant people were at risk of accessing potentially harmful cleaning products stored in these areas. The main bathroom and staff toilet were also not locked and hygiene products in these rooms were accessible to people. This meant there was a risk of harm to people should they access any of the items.
- 1 of the corridors, where people's bedrooms were situated, was dark because several of the lights were not working. Also, the emergency lighting in the corridor was found not to be working. This placed people at risk of harm should they be unable to see properly, especially in the event of an emergency such as a fire.
- Some fire doors were not secure and missing the signage required, however, the provider told us this had been delayed because of the contractor falling ill and would be resolved promptly.
- People's medicines were not always safely managed.
- Some 'when required' medicine protocols were not in place and some were lacking in detail. For example, 1 person had a prescribed topical cream that was not on their medicine administration record and there was no 'when required' protocol in place. This meant people were at risk of not having their medicines when they needed them.
- Where people required the administration of pain relief through patches, records did not demonstrate they were being rotated in line with manufacturer guidance. This meant people's medicines may not be effectively absorbed into their bodies.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was swift in addressing these concerns. They installed radiator covers where these were not in place. A keypad was installed to the laundry room to prevent people from accessing this room. Storage cupboards and rooms that should be locked were locked. Hygiene products were removed from areas accessible to people in the service. An electrician was on-site repairing the lights and emergency lighting

when we returned to the service for a further visit. The contractor was due to return to address the fire doors. The registered manager told us medicine records were improved and protocols put in place following our visit.

Staffing and recruitment

- There were enough staff on duty to support people safely. Although, some improvements were needed to the recruitment process in line with best practice and to ensure that it was robust.
- We identified some gaps in recruitment files during our inspection visit. For example, 1 staff member's recruitment record contained gaps in their application form relating to their employment history and reasons for leaving previous jobs. Also, where copies of identification documents had been made, these had not been endorsed. Another staff member's reference information was not clear.
- 2 kitchen staff had recently left the service at the time of our visit, which meant care staff, with relevant training, were supporting in the meantime. The provider was actively trying to recruit to these posts.
- People and relatives told us they felt there were enough staff. One person told us, "The home was short staffed a while ago. They [The registered manager] appointed 2 staff agency staff in 24 hours." A relative told us, "There seems to be enough staff now. There are more staff now. [The home] has been short [of staff] because COVID, it's a lot better now."
- The provider carried out pre-employment checks, such as obtaining references and requested Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were some areas where cleanliness needed more attention, such as in the pantry area.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- 1 person told us, "There are no restrictions on visitors and they are very flexible overall."

Systems and processes to safeguard people from the risk of abuse

- Systems to safeguard people from the risk of abuse were in place.
- People we spoke to told us they felt safe. One person told us, "We are all kept safe. They [Staff] are always looking out to see if you are all right."
- Relatives told us they felt people were safe. One relative we asked if their relative was safe told us, "Yes, without a doubt [Person] is safe."
- Staff understood how to keep people safe from the risk of abuse and knew where to access policies as well as how to raise a concern. Staff felt confident the registered manager would listen to concerns they raised

and act on them appropriately.

Learning lessons when things go wrong

- Lessons were being learned when things went wrong.
- The provider had completed actions identified by the local authority from their monitoring visits.
- The provider was responsive in taking action to address concerns identified from the inspection site visits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection under the new provider. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments were not decision-specific in line with the principles of the MCA. There was a lack of detail and it was not clear on 1 person's capacity because of the conflicting information in their MCA assessment. The registered manager told us they would review people's MCA assessments and decision-specific assessments would be completed where necessary.
- The registered manager was appropriately requesting DoLS when this was needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care and support needs were not always fully assessed and care was not planned accordingly.
- Some people's care plans were not accurate or comprehensive and referrals to external professionals had not been evidenced to demonstrate support had been sought for people when needed.
- The registered manager told us people's information needed to be updated and this was currently being reviewed.
- Staff worked with other organisations and agencies to support people and we saw professionals visiting

people in the service to promote their well-being.

- People and relatives felt positive about the support they could access. One person told us, "I can go to the surgery if I want or people [health professionals] come here." A relative told us, "The support is good. They have a hairdresser, a doctor and a nurse who have responsibility for people and [person] is booked in for an appointment with a chiropodist here at the home."

Staff support: induction, training, skills and experience

- Staff received relevant training and support, although some training had been effective. For example, MCA training needed improving to ensure people's mental capacity had been considered in relation to specific decisions.
- Staff told us they received training and this was a mix of online and face-to-face. The provider kept records of training on a matrix, however, it was not clear which training had been completed by staff and what still required completion.
- Staff told us they felt supported and could raise any concerns whenever they needed. Most staff told us they had regular supervisions and attended team meetings for any updates and to enable them to feedback any issues, and to provide further support. However, the registered manager was not receiving supervisions from the nominated individual. Although the registered manager told us they did feel supported. Minutes of meetings were stored; these recorded the actions taken by the provider to address issues or concerns discussed in the meeting.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough food and drink and were supported to have a balanced diet in line with any specific dietary requirements.
- People and relatives were very positive about the food. One person told us, "The food is excellent." While another resident told us, "I am not a vegetarian but there is always something on offer for vegetarians."
- A relative told us, "There is always a choice of 2 things to eat. The chef will make something else for you if you don't like what is on offer."

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's needs and improvements to the home were on-going. There were areas where cleanliness could have been improved, however, people and relatives felt the home was clean.
- 1 person told us, "They are improving things materially such as the flooring..."
- A relative told us, "The home is always clean and fresh and there is no smell even in the bedrooms." Another relative told us, "The home is cleaner and smells a lot better."
- Some malodours were present on the day of the first site visit; however, actions were underway to address this through replacement of flooring. We observed areas of the home being painted when we arrived at the home on the first inspection day and new flooring was being installed in a person's bedroom when we visited a second time.
- We were told of plans for improvements to enhance the home further for people living in the service. This included window replacements, further replacement of flooring throughout the home, as well as on-going maintenance repairs, such as replacing of the shower where there had been a leak. We will review the effectiveness of this when we next inspect.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection under the new provider. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views about their care. However, some people felt they were only consulted in minor issues and feedback from relatives was not always gathered in a timely way.
- People told us they were consulted for their opinions. One person told us, "There are no residents' meetings. They do consult us from time to time but only about small things. I will say though if I don't like something."
- Questionnaires had been sent to relatives and responses seen, however, these dated back to the beginning of the year and new questionnaires needed sending out. The registered manager told us this was something they had planned to do. We will assess the effectiveness of this when we next inspect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity by caring staff who promoted independence.
- 1 person told us, "The care quality and staff (all members of staff), as far I'm concerned, is 10 out of 10. Here is somewhere they really do care. Compared to many homes, this one is run like a family."
- People told us staff supported their independence. One person told us, "They always ask me if I would like help. They always ask my permission."
- A staff member told us, "If I am supporting someone with personal care, I will make sure their door is shut. I keep people covered with a towel."
- We observed many kind and caring interactions between people and staff, and staff ensured dignity was promoted by closing people's bedroom doors, and when using moving and handling equipment staff ensured they reassured the person throughout.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection under the new provider. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were personalised and considered their own preferences. People's relationships were promoted and activities were arranged in the home.
- Most people were satisfied with the activities in the home, although 1 person told us, "I'm never going to go to bingo! I don't really like the activities on offer. I spend most of my time reading. I'm happy doing that."
- However, another person told us, "I join in some of the activities. There was a band last week which was good." While a further person told us, "They had a communion service yesterday here in the home for those who wanted it. I did, so it was good."
- People were supported to take part in activities by the activities co-ordinator. We observed them explaining activities to people to support them to be involved.
- The registered manager told us of their plans to support people to get out more, they told us they wanted to look at providing day trips and redevelop the garden space for people to be able to use the garden more. The registered manager told us, "We need to start supporting people to get out more and being part of the community rather than the care home at the bottom of the lane."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered in their care planning.
- We saw 1 complaint about a person's communication needs and the registered manager responded to this by ensuring information was provided to the person in a format suitable for them.

Improving care quality in response to complaints or concerns

- Complaints and suggestions had been received and acted on by the service.
- The registered manager responded to all complaints in line with their complaints policy, and we could see these had been addressed.
- The registered manager acknowledged and addressed concerns from the questionnaires family had completed.

End of life care and support

- There was no one who was in receipt of end of life care during the inspection.
- 2 people had anticipatory medicines in readiness for them becoming end of life.
- Staff received end of life care training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection under the new provider. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes in place were not always effective in identifying risks and driving improvements.
- The provider's systems were not robust enough to ensure all environmental and building risks were being identified and swiftly addressed to keep people safe.
- Audits had not always been effective in identifying inaccurate and conflicting information in people's care folders.
- The medicines fridge was not in range. Staff were recording the temperature of the fridge, although the quality auditing process had not been effective when acting upon the incorrect temperature. It did not appear anyone came to any harm as a result and the medicines being stored in the fridge did not require the temperature to be in range, however, should there be a medicine that required refrigeration within range, this needed to be resolved.

Governance systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2002 (Regulated Activities) Regulations 2014.

- The registered manager was sending notifications into CQC to make us aware of events in the service, in line with requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the service and staff were supported in their roles to enable them to support the people living in the home.
- People were treated as individuals and staff had people's best interests at heart. One person told us, "Staff attitude is very good and that reflects in the way staff are to people. I've seen carers go well above and not moan."
- Most people could identify members of the management team and felt able to approach registered manager with their thoughts and concerns. One person told us, "If something is wrong I will tell [the registered manager] about it. [The registered manager] will listen. [Person's name] lives here too and they have really thrived here."
- Staff felt able to speak with the registered manager or other senior staff if they needed to raise concerns.

One staff member told us, "Both managers are on the ball. [The registered manager] is very thorough."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were involved in the service and their opinions were sought.
- People told us they were consulted for their views. One person told us, "There are no residents' meetings but [staff / the registered manager] come round from time to time and they seek our opinions on some things."
- A relative told us, "There is a monthly newsletter which is sent by email to us. It updates us on all the work that is being carried out in the home and about events. The owner of the home is often here and we can talk to them as well as to the registered manager and deputy."
- Staff worked in partnership with other professionals and organisations and their feedback was also sought. The registered manager acted on areas of concern identified by a visiting professional.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour.
- We saw a letter the registered manager had sent to a relative to acknowledge their complaint, apologise and take actions to address the concerns.

Continuous learning and improving care

- Lessons had been learned and actions taken to address areas of concern to improve care in response to the local authority's monitoring process.
- The provider was responsive to concerns raised throughout the inspection and took immediate action to address areas of risk to keep people safe.
- Improvements had been made throughout the service to improve the care for the people living there, however, further improvements are still on-going to address areas identified in the inspection. We will check the effectiveness when we next inspect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure robust systems and processes were in place to identify safety risks to keep people safe from the risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and oversight were not robust enough to demonstrate safety was effectively managed.</p>